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PLEASE DELIVER DIRECTLY TO EXAMINER JA-NA A. HINES

Fax No.: 571-273-0859

Total No. Pages: 9 including this cover sheet

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Transmitted herewith for filing in the above-identified application is a Message:

Supplemental Amendment. If you do not receive all pages or if you have problems receiving transmittal, please call Sheree Lynn Rybak, Ph.D. at (503) 226-7391. The

fee (large entity) has been calculated as shown below.

In re application of: Martinez et al.

Application No. 10/009,660 Filed: December 7, 2001

Confirmation No. 1922

METHODS AND COMPOSITIONS FOR

OPSONOPHAGOCYTIC ASSAYS

Examiner: Ja-Na A. Hines

Art Unit: 1645

Attorney Reference No. 6395-61708

CERTIFICATE OF FACSIMILE

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Attorney for Applicant(s

Date Transmitted March 2

	FEE CALCUI	ATION FOR CL	AIMS AS	AMENDED)	
For	No. after amendment	No. paid for previously		Extra	Rate	Fee
Total Claims	33	- 29*	22	4	\$18.00	\$72.00
Indep.	5	-5**	=	0	\$86.00	\$0.00
TOTAL FEE FOR THIS AMENDMENT						\$72.00

*greater of twenty or number for which fee has been paid. **greater of three of number for which fee has been paid.

Please charge this fee and any additional fees that may be required in connection with filing of this Supplemental Amendment to Deposit Account 02-4550.

Sheree Lynn Rybak

Registration No. 47,913

March 2, 2004 Date

cc: Docketing Accounting

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PAGE 1/9 * RCVD AT 3/2/2004 2:31:38 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/24 * DNIS:2730859 * CSID:228 9446 * DURATION (mm-ss):02-56

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WDN:SLR. 03/02/04 258164.doc PATENT

Attorney Reference Number 6395-61708 Application Number 10/009,669RECEIVED

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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for Applicant(s

March 2 Date Mailed

COMMISSIONER FOR PATENTS P.O. BOX 1450 **ALEXANDRIA, VA 22313-1450**

SUPPLEMENTAL AMENDMENT

Please amend the referenced application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2.

Remarks begin on page 8.